

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM 170-575)

SERIAL NO.
10-049 466
APPLICANT

CLAIMS

NO.	AS FILED		AFTER RE-AMENDMENT		AFTER RE-AMENDMENT		NO.	NO.	NO.
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1							61		
2							62		
3							63		
4							64		
5							65		
6							66		
7							67		
8							68		
9							69		
10							70		
11							71		
12							72		
13							73		
14							74		
15							75		
16							76		
17							77		
18							78		
19			3				79		
20			0				80		
21			0				81		
22			0				82		
23							83		
24							84		
25							85		
26							86		
27							87		
28							88		
29							89		
30							90		
31							91		
32							92		
33							93		
34							94		
35							95		
36							96		
37							97		
38							98		
39							99		
40							100		
41									
42									
43									
44									
45									
46									
47									
48									
49									
50									
TOTAL IND.	3								
TOTAL DEP.	18								
TOTAL CPT.	21								

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